

King of Prussia, PA USA

November 27, 1990

Mr. Trevor Anderson New Jersey Remedial Action Branch United States Environmental Protection Agency 26 Federal Plaza, Room 711 New York, New York 10278

Dear Mr. Anderson:

Enclosed you will find recently obtained information concerning SKF's involvement with the Cinnaminson, New Jersey Superfund Site. The data contained herein and attached refers to a time period from 1975 through 1982.

It is clearly obvious that during this time period, SKF owned only one (1) vehicle. This vehicle was properly registered with the New Jersey DEP to haul non-hazardous, solid material to the above referenced site. At no point during this time, were liquids hauled to Cinnaminson.

Your cooperation concerning the usefulness of this data is appreciated. If and when further data becomes available, you will be expeditiously apprised.

Best regards,

C. William McGlocklin Environmental Manager

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CWM:msb

Enclosures

(bm1127.13)

- Attachment A -- Indicates a fee schedule (effective 4/29/75) established by the State of New Jersey based on cubic yards or gallons. All information contained in this package refer to cubic yards indicating that solid material only was disposed of in New Jersey landfills by SKF.
- Attachment B -- These handwritten records refer to the number of loads of waste sent to New Jersey landfills from 1975 through 1980. The information was used to establish the New Jersey Motor Carries Road Tax as required each quarter. The references to cubic yards indicated that the waste transported was "solid material" not inclusive of liquids as defined by "solid waste" (40 CFR § 261.2).
- Attachment C -- The State of New Jersey requires registration of a waste collector-hauler. SKF filed registration forms with the New Jersey DEP from 1975 to 1982. Several key elements to be pointed out on these forms are:
 - 1. A registration fee of \$20.00 was paid as a hauler rather than a \$50.00 fee as a hauler of hazardous waste (N.J.A.C. 7:26-4.7).
 - 2. Vehicle type was listed as "C" (a compaction type vehicle or container).
 - Disposal amounts are given in cubic yards (solid). Gallons (liquids) were <u>not</u> transported.
 - 4. Waste I.D. numbers transported were: 12- Dry Sewage Sludge, 13- Bulky Waste, and 27- Industrial (Non-Chemical).
- Attachment D -- A NJDEP questionnaire was submitted with figures dealing with waste disposed during 1979. Again, 5560 cubic yards of compacted and non-compacted waste were transported to the Cinnaminson, New Jersey site.

N.J.A.C. 7:26-4 adopted June 28, 1974 and revised April 29, 1975, is amended to read:

-4.1 General

-4.1.1 In accordance with N.J.S.A. 13:1E-18 and Chapter 42, P.L. 1976, there is hereby established a Fee Schedule. Said schedule shall apply to all sanitary landfill operations, incinerators, transfer stations, processing facilities, resource recovery facilities or any other methods of collection or disposal requiring registration with the Department.

-4.2 Payment of Fees

Fees shall be paid by check or money order and made payable to: Treasurer, State of New Jersey

-4.3 <u>Fee Schedule for Solid Waste Facilities</u>

- -4.3.1 Annual Registration Fee
 (Not applicable to those paying fees pursuant to
 4.5 or exempt under 4.8.1)
- -4.3.2 Fee for Transfer of a Registration \$50
- -4.3.3 Operational Fee (Not applicable to those paying fees pursuant to 4.5 or exempt under 4.8.1 or 4.8.2)

For all facilities not disposing waste on or in the land of this state. (Included are transfer stations, resource recovery facilities, incinerators, non-municipally registered compost facilities, and waste chemical treatment facilities.

\$50/quarter

-4.4 Engineering Design Review (per design). This fee will entitle the registrant to submit or resubmit all information found deficient on the first submission until such time as the approval of the engineering design is granted or denied.

\$500

-4.5 <u>Tipping Fees</u>

-4.5.1 Those facilities required to pay operational fees under 4.3.3 are exempt from paying tipping fees.

-4.5.2 Tipping Fee Schedule

- a. The following schedule of tipping fees apply to any facility disposing of solid waste (including liquids) on or in the lands of this state not exempt under 4.5.1 and 4.8:
 - 1. Solids (Waste ID 10 thru 27)
 (4 cents per cubic yard capacity of the delivery vehicle) 4 cents/c.y.
 - Septage (Waste ID 73 and 74)
 (1/10 cent per gallon capacity of the delivery vehicle)
 1/10 cent/gal.
 - 3. Other Liquids (Waste ID 70,72,76 and 77) (1/2 cent per gallon capacity of the delivery vehicle) 1/2 cent/gal.
- b. The minimum tipping fee payable each quarter is \$125 (not applicable to municipalities selecting the optional schedule under 4.5.3).

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READ CARBEITEEN

SPECIAL INSTRUCTIONS FOR COMPLETION OF THE REGISTIVATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR HAULER (VSW-001)

(For information or assistance, please phone 609-2292-04-11)

Section A. Check For Any Brron

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Do Not Write in This Section

This section contains pre-printed information currently on file from last years statement Check Carefully

All omissions or corrections to Section A, where applicable, must be entered on the corresponding line in Section B

Do Not fill in any lines of Section B that are correct in Section A.

This section is for new applicants and for making corrections to S

CORRECTIONS TO SECTION A MUST BE MADE IN THE FOELOWING MANNER:

(Do not write anything in Section B that is correct in Section A)

- Enter any omitted information on the corresponding line in Section B.
- A correction to any part of a line requires that the whole line be rewritten for example, if the zip code is wrong the whole line must be written including the City, State and the corrected Zip Code,

NEW APPLICANTS MUST ENTER THE FOLLOWING INFORMATION:

- The Federal Employer Identification Number (FEID) must be used whenever one has been assigned. If you do not have a FEID number, use your Social Security Number. Do Not Use Both Be sure to indicate which number you are entering by checking the appropriate box
- Office Use Only Do Not Enter Anything
- If you are registered with the N.J. Board of Public Utilities Commissioners, enter the number which they assigned to you:

ENTER SPECIFIC INFORMATION AS REQUIRED

Type of Organization — Check Only One

- If you are either Incorporated or a Partnership (indicated in Item 9) then the following information must be entered:
 - ormation must be entered:
 The State and County where the paper work was filed for registration of the firm
 - The name, address and telephone number of the individual who filed the papers of registration, usually a lawyer and commonly referred to as the Registered Agent
- Enter the name and telephone number of the person in charge of the operation be it a Supervisor or Owner of the firm.

Only Checks or Money Orders made payable to "Treasurer, State of New Jersey" will be accepted for payment of fees (N.J.A.C. 7:26-4.2).

Calculate your proper fee from the schedule below and enter the amount enclosed: (For tractor-trailers, only the trailer is required to be registered!)

N.J.A.C. 7:26-4.7 = FEE SCHEDULE FOR COLLECTION AND HAULAGE

4.7.1 Annual registration, inspection & regulation

Hazardous (Special) Waste Collector Haulers \$50 BACH truck

All Other Collector-Haulers \$20 EACH truck

4.7.2 The Registration of a solid waste collector and/or haulage system is non-transferable:

This statement must be dated and signed by the individual responsible for all company actions. Return statement and check to

> Solid Waste Administration Bureau of Technical Services P.O. Box CN027 Trenton, N.J. 08625

Section D Vehicle Registration Statement: "The valifice license number and ipermanently assigned two letter vehicle code for all vehicles registered for the previous year are printed in the upper portion of this? section. Any vehicle that you do not wish to reregister; place sin. X in the box to the left of the selicense number. DO NOT CROSS OUT or OTHERWISE OBLITERATE any of the preprinted license numbers. To ADD, see below. numbers. To ADD, see below.

PART 2 OF SECTION D'IS FOR NEW OR ADDITIONAL VEHICLES ONLY

A NEW REGISTRANT or a REREGISTRANT wishing to add new vehicles, should list the state and license number of all vehicles to be registered in the blocks in the lower portion of Section D. Do Not write in any license numbers from the upper printer portion to the lower blank portion reserved for additional or new vehicle registration.

Operational Statement.—At: the top of the page enter either your federal Employer Identification. Section E. Number or your Social Security Number in the appropriate space and check the proper box to indicate which number you are using. This number must be the same as given in either Section A. Line I or Section B. Line 1.

Circle the Waste LD. No. of each waste category carried by your vehicle(s) during the previous calendar year. THEN check the main categories of waste (Solids-Septage-Liquids) carried.

Complete Part 2 or Section E. of the Operational Statement to reflect your activity for the previous calendar year. (January I through December 11)

Column 1 Waste I.D.: Separate entries on separate lines must be made for: (1) each waste I.D. number checked above in Part 1 of Section B. (2) for each vehicle type. (3) for each municipality served, and (4) for each disposal site used.

Column 2 Vehicle Type: Enter one of the following letters to indicate the vehicle type

To indicate a tank truck- ..

To indicate a compaction type vehicle or container.

To indicate a non-compaction type vehicle or container

Column 3. Disposal Amount = C.Y. or Gallons. Enter the number of CUBIC YARDS for each solid waste type indicated in Column 1, or if a liquid waste type indicate the volume in GALLONS for each

Column 4 Originating Municipality of City: Enter the name of the municipality, township, borough or city in which the solid or liquid waste is collected. If more than one, make a separate line for each community. Where only small quantities of solid or liquid waste are collected from many municipalities, as in the case of a building contractor working in many areas within a county, the community may be designated as "Various". However, if the same contractor is working in more than one county make a separate entry for each county.

Column 5 Originating County: Enter the abbreviation for the County where the solid or liquid waste originated::\Use the following 3 letter abbreviations:\ATL_Atlantic_BER_Bergen \BUR_Burlington CAM_Camden \CAP_Cape May \CUM_Cumberland \ESS_Essoz GEO_Gloucester \HUD_Hudson \HUN_Hunterdon \MER_Mercer \MID \Middlesex \MON=\Monmouth \MOR_Morris \OCE_Ocean PAS-Passaic SAL-Salem SOM-Somerset SUS-Sussex UNL-Union WAR-Warren

If the solid or liquid waste originated from a state other than New Jersey, instead of the Originating County enter the official two letter designation for the State of origin

Column 6 Disposal Municipality or City. Buter the name of the municipality, township, borough or city in which the solid or liquid waste is disposed. If during the year several different disposal areas are used, make a separate entry for each

Column 7. Disposal Site Name: Enter either the name of the site or tile official five character designation of the site. If during the year more than one site is used make a separate entry for each

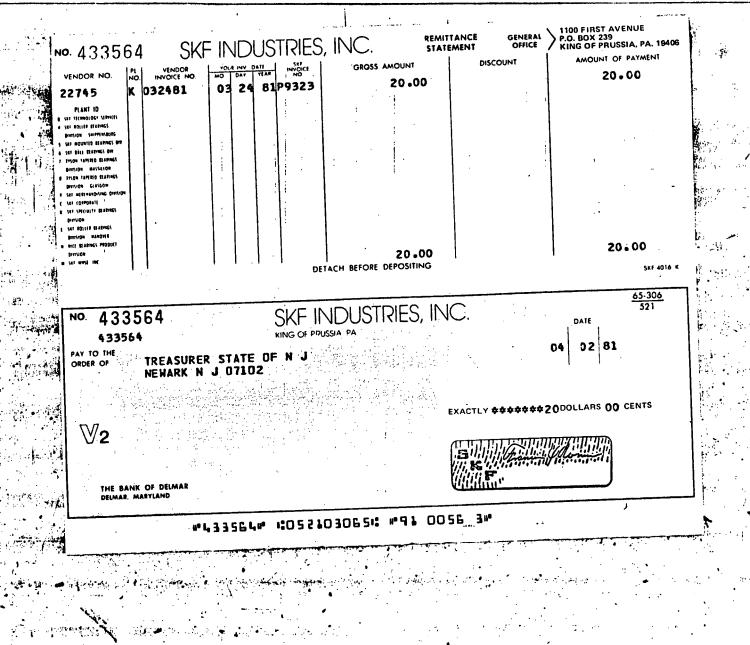
Column 8 For Official Use Only Do: Not Will Clin Fell (Columns)

NOTE: IF YOU DID NOT HANDLE ANY WASTE IN NEW TERSEY THE PREVIOUS CALENDAR YEAR ENTER "NONE" BUT YOU MUST CHECK THE TYPES OF WASTE YOU HANDLED OR EXPECT TO HANDLE SPECIAL WASTE REGISTRANTS MUST CHECK ANY OF THE FOLLOWING TYPES: 17, 26, 70, 76, 77. IF ONE OF THESE IS NOT CHECKED YOU WILL NOT BE AUTHORIZED FOR SPECIAL WASTE.

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	NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION SOLID WASTE ADMINISTRATION P.O. BOX 2807 TRENTON, N. J. J. 68625 REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR-HAULER					FOF	V O a a s	EHICLE LID/LIQ	REGIST	RATION TE COLI	STATE	MENT RORH	AULER		1
٠, .	P.O. BOX 2807 TRENTON N. J. 08625 REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR-HAULER	1	STAT	E. VF	HICLE L									D LAST YEAR	۱.
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	FISCAL YEAR 82														
	READ ENCLOSED INSTRUCTIONS CAREFULLY	.	1	St.	Lic.#	Code	1	St.	Lic.#	Code	- ↓	St.	Lic. #	Code	
П	INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B	<u> </u>	· <u>'</u>												
	FEID 231043740 1. Applicants Fed. Employer I.D. or Soc. Sec. No.		1 1	PA I	R50955	44									
	4279 2. Solid Waste Administration No. 3. Public Utilities Commission License No.	'	-												
	215-426-6400 4. Applicants Telephone No.	1													
s		``	•												•
Ε	POIRIER GREGORY J 5. Applicants Name 6. Company or Trade Name														
С	SKF INDUSTRIES INC.														
T	PHILADELPHIA PA 19124 8. City, State, Zip Code			~		:		•							
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N	INC ORPORATED 9. Type of Organization 10. a. Registered in	1													
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^	12-13-33 THE CORPURATION TRUST CO.														
1	15 FXCHANGE PLACE														
	JERSEY CITY NJ 07302 O e. Agents City, State, ZIP Code														
Н	201-434-0014														
	CHRIST DAVID R. 215-426-6400 b. Telephone Number of 11a.	1											•		
Н						•									
	THIS SECTION FOR NEW APPLICANTS OR CORRECTIONS TO SECTION A				•										
H	1. Applicants Federal Employer I.D. or Social Security No.: FEID. or SS No														
1 1	2. Solid waste Administration Number (Office Use City) 3. Public Utilities Commission License Number														
1 1	4. Applicants Area Code and Telephone Number				•		:								
s	5. Applicants Name: Last first fnit					1									
E	6. Company or Trade Name	1													
c	8. City State Zip Code														
;	9. Type of Organization - Check One: Froprietor, Partnership, Incorporated, Municipality,	-										•			
o	County, State Government, Authority, Federal Government, Homeowner, Other. 10. Corporate or Parinership Data (if any):														
N	a. Registered in State of, County of	;													
В	h Date of filing												•		
	c. Agents Name: Last Init												•		
	d. Agents Street Address or Box NumberStateZip Code														
	f. Agents Area Code and Telephone Number		•												
	11. Person Having Prime Administrative Authority: a. Name: Last Polkier First Grecory Init. J		•												
	b. Area Code and Telephone Number 215 533 5800			ı	VEHIC	LES AF	E R	EGIST	ERED.	•					
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	COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED	2.	. LIST	ALL	NEW VEH	ICLE LIC	ENSE							D REGISTRAT	
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s	FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO:	-	Ш					11	[_		_1_1	لــــــــــــــــــــــــــــــــــــــ	لـلـا		
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0	Having Prime Administrative Authority, I Certify That The Information Submitted On Both Sides Of This Form		·				لـــلــ	LL	J L				لللب	11	
N	And All Attachments is True To The Best Of My Knowledge.			\neg		TIT				TIT	1				
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A SOLIDAL GUID WANTER COLLECTOR OF MALLER VEXNOS SOLIDS SEPTACE LIQUIDS Waste 1D. # Waste 1			ATEMENT FOR	Enter	Your FEID or	SS Number Here 💢 FEID	OR SS 23/6	743740
SOLIDS SEPTAGE LIQUIDS SEPTAGE LIQUIDS Waste LD. # Waste Liquids 77. Chemical Waste Liquids 78. Complete this Section with Operational Data for the provious calendary year. COUPLETE FOR EACH OF THE WASTE LD. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED. Waste LD. # Was		LECTOR	OR HAULER					· · · · · · · · · · · · · · · · · · ·
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Reste I.D. # Waste I.D. # To		 <u>.</u> .			TOUS CATERIOR	year and then check the at	propriate main waste ty	pe coxes.
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10. Municipal (Household, Commercial and International Commercial and International Commercial and International Commercial and International Commercial Comprehensive Studge Commercial	Waste I.D. #		(X)	Waste I.D. #	 U		Waste I D. #	- 🗆
12. Individual 12. In	10 Municin	al (House	hold Communical and		l. 01 0.4 W		;	
2. Dry swape Sludge 76. Hazardous Waste Liquids 77. Chemical Waste L	Instit	utional		73. Septic Fan 74. Liquid Sev	k Clean-Out W vage Sludge	astes	70. Waste Oil and Sit	idge Semi Liquids
17. Hazardous Waste — Dry — Non Hazardous 23. Vegetative Waste 25. Animal and Food Processing Wastes 26. Oil Spill Clean-up Wastes 27. Industrial (Non-Chemical) 28. Complete this Section with Operational Data for the previous calendar year. COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED. Waste Vehicle Disposed Amount Originating Originating County Municipality or City Name 19 2 3 4 5 6 7 8 13 C 4760 C/ Philat pulphia FA CIRLIBRITISON C 308 C	12. Dry Sew 13. Bulky W	rage Sludg raste			•		76. Hazardous Waste	Liquids
22. Vegetative Waste S. Animal and Food Processing Wastes St. Coll Spill Clean-up Wastes Complete this Section with Operational Data for the previous calendar year. Complete For EACH of THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED. Waste Vehicle Disposed Amount Originating Country Municipality or City Name 1 2 3 4 5 6 7 7 1 2 3 4 5 6 7 7 1 3 C 4760 CY Thurstury And Parket A Churraminiscal 0 30 8 C	17. Hazardo	us Waste	- Dry	2			The Chambar Haste (.i qui uo
Soli Spill Clean-up Wastes 7. Industrial (Non-Chemical) COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED. Waste Vehicle Disposed Amount ID Number Type Cubic Yards or Cations Municipality or City County Municipality or City County Municipality or City Section 1 2 3 4 5 6 7 8 1 13 C 4760 CY Philadelphia FA Cumaniniscol C 308 C 5 8 6 7 8 8 1 3 4 6 7 8 8 1 3 5 8 6 7 8 8 1 3 5 8 6 7 8 8 1 3 5 8 6 7 8 8 1 3 5 8 6 7 8 8 1 3 5 8 6 7 8 8 1 3 5 8 7 8 8 1 3 5 8 7 8 8 1 3 5 8 8 7 8 8 1 3 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23. Vegetati	ive Waste	ر ۱ ر	. نو				
77. Industrial (Non-Chemical) 2. Complete this Section with Operational Data for the previous calendar year. COMPLETE FOR EACH OF THE WASTE I.D. NUMBERS CIRCLED IN SECTION 1 OF THIS PAGE, FOR EACH MUNICIPALITY SERVED, AND SITE USED. Waste Vehicle Disposed Amount ID Number Type Cubic Yards or Gations Municipality or City County Municipality or City Name 1 2 3 4 5 6 7 8 1 3 C 4760 CY TALADELPHIA PA CINCARMINISCAL 0 308 C	25. Animal: 26. Oil Snill	and Food	Processing Wastes			· ·		-
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* NJ = New Jersey

NY = New York

Other States use your proper 2 Letter State Abbreviation

PA = Pennsylvania

DE = Delaware

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1. Circle al	types of	f waste carried by you for	disposal during the <u>prev</u>	vious calendar	year and then check the a	ppropriate main waste t	ype boxes.
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Waste I.D. #		•	Waste I.D. #	·		Waste I.D. #	
10. Municip	al (House	ehold, Commercial and	73. Septic Tar	nk Clean-Out W	/astes	70. Waste Oil and Si	ludge
institu 12. Dry Sew	itional		74. Liquid Se	wage Sludge	•	72. Bulk Liquid and	Semi Liquids
(3) Bulky W	aste	-		•	•	78. Hazardous Waste 77. Chemical Waste	PLiquids Liquids
17. Hazardo	us Waste	- Dry - Dry - Non Hazardous			100		
23. Vegetati	ve Waste	1			•		•
25. Animal : 26. Oil Spill	and Food	Processing Wastes					
27. Industria	i (Non-C	p wastes Chemical)					
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2. Complete	this Sect	ion with Operational Data	a for the previous calend	ar year.		•	
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Waste ID Number	Vehicle Type	Disposed Amount Cubic Yards or Gallons	Originating Municipality or City	Originating County	Disposal Municipality or City	Disposal Site Name	FOR OFFICE USE O
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SKF INDUSTRIES, INC.

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FAY TO THE ORDER OF TREASURER STATE OF N J

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EXACTLY ******15DOLLARS OOCENTS

PHILADELPHIA NATIONAL BANK OR THE BANK OF DELMAR DELMAR, MARYLAND

SOLID WASTE ADMINISTRATION
P.O. BOX 2807 TRENTON, N. J. 08625
REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR-HAULER

FISCAL YEAR 80

BEAD E	MCI OSED	INSTRUCTIONS	CADECIIIIV

INFORMATION ON FILE FROM LAST YEAR - CORRECT IN SECTION B

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ĺ	FEID 231043740	1. Applicants Fed. Employer I.D. or Soc. Sec. No.	
	4279		•
l		3. Public Utilities Commission License No.	•
	215-426-6400	4. Applicants Telephone No.	
١.			
S		5. Applicants Name	
ĮΕ	LEVE MIDUETUTES THE	6. Company or Trade Name	
C	SKF INDUSTRIES, INC.	- , ,	
T	FRENT ST. & ERIE AVE.	7. Street Address	
1	PHILADELPHIA PA 19132	8. City, State, Zip Code	
lo			
N	INCORPORATED	9. Type of Organization	
	DELAWARE NEW CASTLE	10. a. Registered in	
	12-13-33	b. Date of filing	
"	THE CCRPORATION TRUST CO.	g c. Agents Name	
1"	15 EXCHANGE PLACE	ಕ್ಷಣ d. Agents Street Addresಾ	
15	JERSEY CITY NJ 07302	o e. Agents City, State, Zip Code	
ĺ	1	f. Agents Telephone	
l	201-434-0014	- · · · · · · · · · · · · · · · · · · ·	
l	CHRIST DAVID R.	11. a. Name Person with Prime Admin. Authority	
	215-426-6400	b. Telephone Number of 11a.	
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l	THIS SECTION FOR NEW APPLICAN	TS OR CORRECTIONS TO SECTION A	
l	1. Applicants Federal Employer I.D. or Social Security No.:		
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l	2. Solid Waste Administration Number (Office Use Only)		
1	3. Public Utilities Commission License Number		
l	4. Applicants Area Code and Telephone Number		
s	5. Applicants Name: Last	First Init	
E	6. Company or Trade Name		
	7. Street Address or Box Number		
C	B. Citys	tateZID Code	
T	9. Type of Organization - Check One: Proprietor,		
1	County, State Government, Authority,		
0	10. Corporate or Partnership Data (if any):	rederar deverminent, riomedwiler, other.	
N		, County of	
1	a. Registered in State of	, County of	
В	b. Date of filing		
	c. Agents Name: Last	First Init.	
l	d. Agents Street Address or Box Number		
1		StateZip Code	
l	Agents Area Code and Telephone Number		
l	11. Person Having Prime Administrative Authority:		
l	a. Name: Last	First	
ı	b. Area Code and Telephone Number		
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'	ON OR BEFORE	MAY 1, 19	
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0	Having Prime Administrative Authority, I.Certify That	The Information Submitted On Both Sides Of This Form	
20	Having Prime Administrative Authority, I Certify That And All Attachments is True To The Past Of My Knowl		
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VEHICLE REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

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	EHICLE LICENS	E NUMBERS FO	R WHICH YOU DE:		ED REGISTRATION. * LICENSE NUMBER
NJ = New Jerse	NY -	New York	PA = Pennsylv	vania DE	= Delaware

≡ C			UID WASTE OR HAULER						
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0	1. Circle all			disposal during the prev	ious calendar	year and then check the ap	propriate main waste	type boxes.	
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	23. Vegetati	ve Waste and Food Clean-u	Processing Wastes p Wastes						
					 	·	<u> </u>		
						1 OF THIS PAGE, FOR E	ACH MUNICIPALITY Disposal Site	' SERVED, AND SITE USED.	·
	ID Number	Туре	Cubic Yards or Gailons	Municipality or City	County	Municipality or City	Name	FOR OFFICE USE ONLY	
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OPERATIONAL STATEMENT FOR

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	REGISTRATION STATEMENT FOR A SULID/LIQUID WASTE COLLECTOR-HAULER	l cl						RS AND ASSIGNED CODE THAT WERE REGISTERED LAST YEAR. 8 MARKED WITH ARROWS TO DELETE ANY VEHICLES							
_	FISCAL YEAR 79		ļ	St.	Lic.#	Co	de '	Į st.	Lic.#	Code	↓ s	. Lic		Cade	
	INFORMATION ON FILE FROM LAST YEAR — CORRECT IN SECTION B		_ <u>-</u> _					·							
	FEID 231043740 1. Applicants Fed. Employer I.D. or Soc. Soc. No. 4279 4279 2. Solid Waste Administration No. 4718R1556 3. Public Utilities Commission License No. 4. Applicants Telephone No.	D	1_1	PA	R50955		ι Α					· .			1
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N A	INCORPORATED DELAWARE NEW CASTLE 10. a. Registered in 12-13-33 5. Deto of filing THE CORPORATION TRUST CO. 15 EXCHANGE PLACE 9. Type of Organization 10. a. Registered in 5. Deto of filing 6. Agents Name 6. Agents Street Address							,		•				· · ·	
	JERSEY CLTY NJ 07302 G. Agents City, State, Zip Code 201-434-0014 f. Agents Telephone CHRIST DAVID Ro: 11. s. Name Person with Prime Admin. Authority 215-426-6400 b. Telephone Number of 11s.											•			
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T 1 0 N	8. CityStateZip Code9. Type of Organization — Check One: Proprietor, Pertnership, Incorporated, Municipality, County, State Government, Authority, Federal Government, Homeowner, Other. 10: Corporate or Pertnership Data (If any): a. Registered in State of, County of														
	C. Agents Name: Last													,	
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ADMOUT

FEES MUST BE SUBMITTED BY CHECK OR MONEY ORDER PAYABLE TO: "TREASURER, STATE OF NEW JERSEY"

Enter Amount Enclosed -

Having Prime Administrative Authority, I Certify That The information Submitted On Both Sides Of This Form And All Attachments is True To The Best Of My Knowledge.

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VEHICLE REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

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* NJ = New Jersey	NY = New Y	ork PA	= Pennsylvan	ila DE =	Delaware	
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PA = Pennsylvania * NJ = New Jersey NY = New York Other States use your proper 2 Letter State Abbreviation

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S E C T	5. Applicants Name SKF INDUSTRIES, INC. FRONT ST. & ERIE AVE. PHILADELPHIA PA 19132 5. Applicants Name 6. Company or Trade Name 7. Street Address 8. City, State, Zip Code	į			• .											•
0 2 4	COUNTY ** 10A THRU 10F ACT APPLICABLE ** 10. a. Registered in b. Date of filing c. Agents Name d. Agents Street Address O e. Agents City, State, Zip Code f. Agents Telephone CHRIST DAVID R. 215-426-6400 11. a. Name Person with Prime Admin. Authority b. Telephone Number of 11a.						•					•				
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SECT-02 B	1. Applicants Federal Employer I.D. or Social Security No.: FEID, or SS No. 2. Solid Waste Administration Number (Office Use Only) 3. Public Utilities Commission License Number 4. Applicants Area Code and Telephone Number 5. Applicants Name: Last First Init. 6. Company or Trade Name 7. Street Address or Box Number 8. City State Zip Code 9. Type of Organization — Check One: Proprietor, Partnership, Incorporated, Municipality, County, State Government, Authority, Federal Government, Homeowner, Other. 10. Corporate or Partnership Data (If any): a. Registered in State of DELAWARE Companion First Trust Co. Init. d. Agents Name: Last THE Companion First Trust Co. Init. d. Agents Street Address or Box Number 15 EACH ANGE PLACE e. Agents City Trust Co. State New Tersey Zip Code D13 02 f. Agents Area Code and Telephone Number 201 U34 0014 11. Person Having Prime Administrative Authority: a. Name: Last First Init. b. Area Code and Telephone Number								. ,					•		
	COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED ON OR BEFORE MAY 1, 19 77		2. LIST	ALL										APPROVE		
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EC02	Having Prime Administrative Authority, I Certify That The Information Submitted On Both Sides Of This Form And All Attachments is True To The Best Of My Knowledge.												 			
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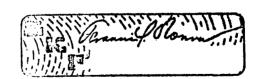
PAY TO THE ORDER OF PO BOX 2807
TRENTON NEW JERSEY 08625

TREASURE STATE OF NEW JERSEY 08625

EXACTLY ******** 30 DOLLARS OO CENTS

GENERAL ACCOUNT

'TO THE PHILADELPHIA NATIONAL BANK PHILADELPHIA • PA.



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Form VSW-881 2/76 REGISTRATION STATEMENT FOR NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION A SOLID/LIQUID WASTE RUREAU OF SOLID WASTE MANAGEMENT **COLLECTOR OR HAULER** P.O. BOX 2807 TRENTON, NEW JERSEY 08625 TYPE OR PRINT ONLY INSTRUCTIONS READ CAREFULLY Section 1. Information in Section B is to be corrected in Section C. Correct entire line if information given is incorrect. NEW APPLICANTS START APPLICATION IN SECTION C. 2. Answer all questions in Section D. Incomplete applications will be returned. 3. Complete Vehicle Registration Statement and Operational Statement. 4. Submit fee payable to "Treasurer, State of New Jersey". Refer to N.J.A.C. 7:26-4 for fee schedule. 5. Send all completed forms and fee to: New Jersey State Department of Environmental Protection FORMS MAY BE REPRODUCED OR ADDITIONAL FORMS Bureau of Solid Waste Management AVAILABLE FROM: P.O. Box 2807 Trenton, New Jersey 08625 COMPLETED REGISTRATION STATEMENT AND PROPER FEE MUST BE SUBMITTED ON OR BEFORE MAY 1, 1976 INFORMATION IN THIS SECTION WAS SUPPLIED BY YOU LAST YEAR. CORRECT IN SECTION C. Section В 1. Bureau of Solid Waste Management Number 2. Type Organization * (See Below) 3. Corporate or Partnership Data (if any) 3 A. Registered in County 3 B. Date of Filing First 3 C. Agents Name (Last Init.) 3 D. Agents Address 3 E. Agents City Zip Code 3 F. Agents Area Code Telephone Number 4. Applicants Federal Employer ID or Soc. Sec. No. CONTROL OF THE PROPERTY OF THE First Init.) 5. Applicants Name (Last 6. Company or Trade Name 7. Street Address Zio Code City 9. Applicants Area Code Telephone No. If corrected it must be one of the following-proprietor, partnership, incorporated, municipality, county, state government, authority, Agent of Federal Government, homeowner or other. CORRECTIONS TO SECTION B OR NEW APPLICANTS. ENTER CORRECTIONS ON PROPER LINES. Section ENTER INFORMATION HERE NEW APPLICANTS SHOULD LEAVE LINE 1 BLANK. 1. Bureau of Solid Waste Management Number Corporation 2. Type or Organization * (See Below) 3. Corporate or Partnership Data (if any) 3. A second of the second of t Delaware-New Castle 3A. Registered in State County 34. 1933 December 13, 3B. 38. Date of Filing The Corporation Trust Co. 3C. Agents Name (Last First Init.) 3C. 15 Exchange Place 3D. Agents Address 3D. Jersey City, N.J. 07302 3E. Agents City Zip Code 3E. 201-434-0014 3F. Agents Area Code Telephone Number ☐ ss_23-1043740 **F**FEID 4. Applicants Féderal Employer 1D or Soc. Security No. OR The second section of the second seco 5. Applicants Name (Last First Init.)..... SKF Industries, Inc. 6. Company or Trade Name <u>Front St. & Erie Ave</u> 7. Street Address 7. Philadelphia, Pa. 19132 8. City...... State...... Zip Code 8. AND THE PROPERTY OF THE PROPER 215-426-6400 9. Applicants Area Code Telephone Number 9. Office If entered it must be one of the following-proprietor, partnership, incorporated, municipality, county, state government, authority, Agent of Federal Use Only Government, homeowner or other.

For Office Use Only

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF SOLID WASTE MANAGEMENT B.O. BOY 2807 TRENTON N. L. 08625

OPERATIONAL STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

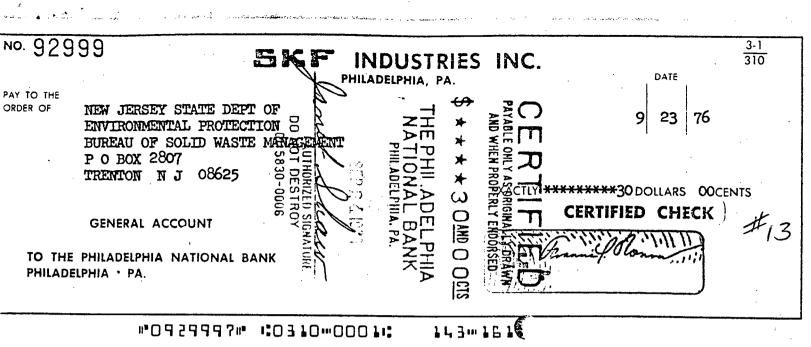
		RENTON, N.J. 08625		•	COLLE	CTOR OR HAULER
	P.U. BUX 2807 1	INSTRUCTIONS:	READ CAR	EFULLY	PRINT OR TYPE	Form VSW-003 1/70
•	1 Enter vous no	ime from Section B or if new a	unnlicant from Section C	And the state of t		
	2. Enter your Fl	EID or SS number from Section		cant, from Section C, Line	of the Registration Statem	ent.
	3. Each waste t	ype for each originating Munic	cipality/City and each disp	asal site is to have a sepa	rate entry. <u>(Sec example o</u> n	reverse).
. •		entified in Section D, Line 5		ent. Use the appropriate nu	mber to identify the waste.	
		s in Tons and Liquids in Gall			•	
		ting Municipality/City and Ca		N 1 1075 A- DECEMBED	21 1075	
	7. Entries are to	reflect your operational acti	vity for the period JANUAN			
	1. ENTER YOU	R NAME HERE		SKF Industries	, Inc.	
	2. ENTER YOU	R FEID OR SS NUMBER HE	RE	FEID OR SS_2	3-1043740	
Waste Number	Disposed Amount Tons or Gallons Per Year	Originating Municipality or City	Originating County	Disposal Municipality or City	Disposal Site	FOR OFFICE USE ONLY
13	5600 Tons	Philadelphia	Philadelphia	Pennsauken Tw	p. Pennsauken	
27	700 Tons	Philadelphia	Philadelphia	Pennsauken Twp	. <u>Pennsauken</u>	
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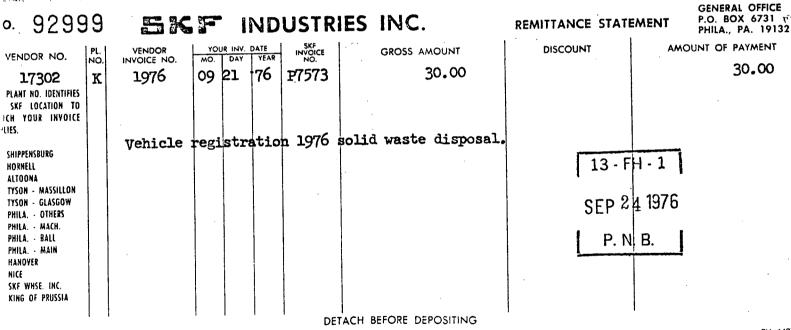
REAU OF SOLID WASTE MANAGEMENT P.O. BOX 2807 TRENTON, N.J. 08625

VEHICLE REGISTRATION STATEMENT FOR A SOLID/LIQUID WASTE COLLECTOR OR HAULER

Form VSW-862 1/76

1. ENTER YOUR NAME AND FEDERAL EMPLOYER ID NO. OR SOCIAL SE FROM SECTION B OR IF NEW APPLICANT FROM SECTION C.	CURITY NUMBER
ENTER YOUR NAME HERE SKF Industries, Inc.	·
ENTER YOUR FEID OR SS NUMBER HERE - X FEID OR SS 23-1043	740
2. LIST ALL VEHICLE LICENSE NUMBERS FOR WHICH YOU DESIRE AN AF	PROVED REGISTRATION.
STATE* LICENSE NUMBER STATE* LICENSE NUMBER	STATE* LICENSE NUMBER
PA R50955	
	3
4	
	6
	FOR OFFICE USE ONLY
* NJ = New Jersey NY = New York PA = Pennsylvania DE = Dela Other States use your proper 2 Letter State Abbreviation.	aware





PH 440





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF ENVIRONMENTAL QUALITY
JOHN FITCH PLAZA, CN027, TRENTON, N.J. 08625
Solid Waste Administration

GEORGE J. TYLER DIRECTOR on the same of the

April 9, 1980

Dear Registered Collector/Hauler:

As you know, the New Jersey Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) requires the State's Solid Waste Management Districts (each of New Jersey's twenty-one counties and the Hackensack Meadowlands District) to develop a comprehensive solid waste management plan. Many of you have participated in this planning process either individually as members of District Solid Waste Advisory Councils or collectively through various solid waste management organizations. Your previous efforts and continued support are much appreciated by the Department of Environmental Protection.

Once approved by the Commissioner of the Department of Environmental Protection, the District solid waste management plans will control the flow of waste to specific solid waste disposal facilities. This waste stream control will help ensure that, over the ten year planning period, there are adequate disposal facilities to handle the solid wastes which you collect. This waste stream control will be enforced through the Department's permitting authority and the requirements of the Solid Waste Management Act which mandates that all solid waste collection and disposal contracts be in conformance with the approved District solid waste management plan.

In order to minimize the disruption of your present transportation and disposal patterns, I am requesting that you complete the enclosed form and return it by May 9, 1980 to:

Mr. Gary Sondermeyer Bureau of Planning & Resource Management Solid Waste Administration 32 E. Hanover Street Trenton, New Jersey 08625

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF ENVIRONMENTAL QUALITY SOLID WASTE ADMINISTRATION

Note: Please return the completed questionnaire by May 9, 1980 to: Mr. Gary Sondermeyer, Bureau of Planning and Resource

Management, Solid Waste Administration, 32 E. Hanover Street

Trenton, N.J. 08625. (609-292-9880)

Name of Collector/Hau	lerSKF IN	NDUSTRIES, INC.	S	olid Waste Administration Reg.#4279
Source of Waste (Municipality/County)	Quantity Residential	of Waste (cubic yards) Commercial	by type*	Disposal Facility (Provide Name and Location of Disposal Facility)
PHILADELPHIA		1120 COMPACTED 4440 NON-COMPACTED		SANITARY LAND FILL CINNAMINSON, N.J.
	•			
	*Do not include wastes, indicates	! le septage, sewage slud ite whether waste is co	lge, hazardous, i mpacted or non-c	nfectious, and any liquid ompacted.

compacted

X / non-compacted

1979 Ubste Disposal - New Jersey NON COMPRETED GMPACIED Dance - Faritary Lordill Invoices a40 40

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF ENVIRONMENTAL QUALITY SOLID WASTE ADMINISTRATION

Note: Please return the completed questionnaire by May 9, 1980

to: Mr. Gary Sondermeyer, Bureau of Planning and Resource Management, Solid Waste Administration, 32 E. Hanover Street

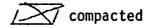
Trenton, N.J. 08625. (609-292-9880)

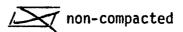
Name of Collector/Hauler SKF INDUSTRIES, INC.

Solid Waste Administration Reg.# 4279

Source of Waste (Municipality/County)	Quantity of Waste (cubic yards) Residential Commercial .		by type* Other	Disposal Facility (Provide Name and Location of Disposal Facility)	
Philadelphia		1120 Compreted 4440 Now-Compreted		SANITARY LAND FITT CINNAMISON, N.J.	
	·	·			
	,				
				•	

^{*}Do not include septage, sewage sludge, hazardous, infectious, and any liquid wastes indicate whether waste is compacted or non-compacted.







Certifue Mail 5/13/80

State of Rem Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF ENVIRONMENTAL QUALITY

JOHN FITCH PLAZA. CN 327. TRENTON. N. J. 08525

Solid Waste Administration

April 24, 1980

Dear Registered Collector/Hauler:

Please disregard the questionnaire you received, dated April 9, 1980 from the Solid Waste Administration and replace it with this revised edition. THIS IS NOT YOUR ANNUAL REGISTRATION STATEMENT FOR SOLID/LIQUID WASTE. Please fill out the questionnaire on the opposite side of this page and return it by May 16, 1980 to:

Mr. Gary Sondermeyer
Bureau of Planning & Resource Management
Solid Waste Administration
32 East Hanover Street
Trenton, New Jersey 08625
(609-292-9880)

The submission of this up-to-date information will be of great assistance to the State's solid waste planning program.

Instructions

- 1) If you deal only in septage, sewage sludge, hazardous, infectious or liquid wastes, you NEED NOT complete this form.
- 2) If you do not transport waste material, and contract out for hauling service, you NEED NOT complete this form. The data will show up on the haulers questionnaire.
- 3) Data to be included on this form should be based on collection/haul during the week of April 20 through April 26, 1980, ONLY.
- 4) Quantity of waste is to be reported in CUBIC YARDS (in the truck).
- 5) For each separate municipality where waste is collected, fill out a separate block. If waste is collected in only one municipality and is of only one type, residential or non-residential, then only one block on the opposite side of this page need be completed. If waste is collected in only one municipality but is of both residential and non-residential, use two blocks.

Again, I thank you for your past efforts and continued support.

deorgo . Vied, Director Division of Invironmental Quality

New Jersey Is An Equal Opportunity Employer

	Name SKF INDUSTRIES, INC.	Name
	DEP Registration # 4279	DEP Registration #
	For the week of April 20 through April 26, 1980:	For the week of April 20 through April 26, 1980:
. 3/0	1. Municipality where collected Philapelphia	1. Municipality where collected
22.00 mg	2. Waste Type: Residential ☐ 3. Truck: Compactor ☐ Non-residential ☑ 3. Truck: Non-compactor ☑	2. Waste Type: Residential 3. Truck: Compactor Non-compactor
J. Z. gnature	4. Cubic yards/week transported	4. Cubic yards/week transported
sig	5. SANTARY LANDFILL, CINNAMINISON N.J. (disposal facility name) (municipality)	(disposal facility name) (municipality)
2	Name	Name
1	DEP Registration #	DEP Registration #
#	For the week of April 20 through April 26, 1980:	For the week of April 20 through April 26, 1980:
79 1110n	1. Municipality where collected	1. Municipality where collected
427 Registre	2. Waste Type: Residential 3. Truck: Compactor Non-compactor	2. Waste Type: Residential 3. Truck: Compactor Non-residential Non-compactor
· ½	4. Cubic yards/week transported	4. Cubic yards/week transported
	5(disposal facility name) (municipality)	5(disposal facility name) (municipality)
المار Hauler	Name	Name
His	DEP Registration #	DEP Registration #
e.S. lect	For the week of April 20 through April 26, 1980:	For the week of April 20 through April 26, 1980:
40	1. Municipality where collected	1. Municipality where collected
TroveTRIES	2. Waste Type: Residential 3. Truck: Compactor Non-compactor	2. Waste Type: Residential 3. Truck: Compactor Non-compactor
•	4. Cubic yards/week transported	4. Cubic yards/week transported
S. K.	5. (disposal facility name) (municipality)	5. (disposal facility name) (municipality)

EPA Request for Information Generators of Waste Materials



The second secon

Instructions

In responsing to this Request for Information, the following instructions apply:

- 1. Respond to each Question in Section A by checking the appropriate column (Yes or No). Consult with all present and former employees and agents of your company whom you have reason to believe would be familiar with each question in preparing your response to each.
- Complete Section B by providing the following:
 - a. A written statement clarifying every "Yes" answer to any question(s) in Section A;
 - b. Identifying on Figure 1. every company which you used to ship waste material(s) to the Site by your company or any of its employees at any time since 1960, supplying the additional information requested there (utilize the abbreviations supplied in the additional instructions attached to Figure 1);
 - c. Identifying on Figure 2. all past or present employees of your company who were ever responsible for waste disposal or arranging for disposal while employed by your company;
 - d. Identifying on Figure 3. the name(s) of all liability insurance companies which insured your company at any time during the period 1960 through the present, indicating the year or years each policy was valid.
 - e. Providing all other documents and information requested in Section B.
- 3. Sign Section A where indicated.
- 4. Sign and notarize the Certification Statement where indicated.
- 5. Send the original completed signed copy of this questionnaire and all other documents requested therein to Philip Guarraia at the address indicated in the cover letter. This final package must consist of the following:
 - Section A signed by an appropriate corporate official;
 - The Certification Statement signed by an appropriate corporate official and notarized;
 - c. Completed copies of Figure 1., 2. and 3. (write the

word "None" on any of these Figures not applicable);

- d. A statement in Section B clarifying every Yes answer to any of questions noted in Section A; and
- e. Any other documents and information requested in these instructions or this questionnaire.
- 6. The terms "your", "company" and similar terms shall mean all past and present facilities and employees of your corporation, its subsidiaries, parent company and affiliates, unless its meaning is otherwise explicitly redefined in any specific question.
- 7. The terms "any waste material" or "any industrial waste material" mean any solid, liquid or sludge materials or any mixtures thereof which possess ANY of the following characteristics:
 - a. it contains one or more "hazardous substances" (at any concentration) as defined in 42 U.S.C. Section 9601(14) and in applicable regulations;

and the second of the second

- b. it is a "hazardous waste" as defined in 42 U.S.C. Section 6903(5) and applicable regulations;
- c. it has a pH less than 2.0 or greater than 12.5;
- d. it reacts violently when mixed with water;
- e. it generates toxic gases when mixed with water;
- f. it ignites or explodes;
- g. it is an industrial intermediate waste product;
- h. it is an industrial treatment plant sludge or supernatant;
- i. it is an industrial byproduct having some market value;
- j. it is coolant water or blowdown waste from a coolant system;
- k. it is a spent product which could be reused after rehabilitation (e.g., recycled oil);
- it is any material which you have reason to believe would be toxic if either ingested, inhaled or placed in contact with your skin;
- m. it is municipal treatment plant sludge;
- n. it is contaminated oil or some other petroleum based liquid; or
- o. it is asbestos or some asbestos product or mixture.

The term "waste materials" does not include domestic or office refuse or garbage, tree stumps, vegetation, and construction debris. Therefore, information concerning these specific waste products can be omitted from this questionnaire.

- 8. For each document produced in response to this Request for Information, indicate on the document, or in some other reasonable manner, the number of the question to which it responds.
- 9. Where documents are requested but are not available, state the reason(s) for their unavailability. To the best of your ability, identify any such document by stating its author, date, and subject matter.
- 10. Where you have reason to believe that any present or past employee or agent of your company may be able to answer any of the questions contained herein or may be familiar with operations or disposal of waste materials at this site, identify such persons by name, address, and phone number on Figure 2. including a brief statement indicating the basis for such belief.
 - 11. If you cannot provide a precise answer to a question, please approximate, but, in any such instance, note the reason why you cannot be more specific.
 - 12. Construe "and" as well as "or" in a manner that brings within the scope of these questions as much information as possible. If two interpretations of a question are possible, favor the one that provides more information rather than less.
 - 13. Provide ALL documents that relate to each question. As used herein "relate to" or "relating to" means constituting, defining, containing, embodying, reflecting, identifying, stating, referring to, dealing with, or in any way pertaining to. "Document" as used herein means any recording of information in tangible form, including memoranda, handwritten notes, invoices, checks, manifests, tape recordings, computer data bases, or any tangible or physical objects however produced or reproduced upon which words or other information are affixed or recorded or from which by appropriate transcription written matter or a tangible thing may be produced.
 - 14. If anything is deleted from a document produced in response to this Request for Information, state the reason for, and the subject matter of, the deletion.
 - 15. As used herein, the terms "hazardous substance", "release", "facility" and "person" shall have the meanings set forth in Sections 101(14), (22), (9) and (21) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), 42 U.S.C. Section 9601(14), (22), (9) and (21), and as set forth under the regulations promulgated pursuant to CERCLA.

- 16. In answering these questions, every source of information to which your company has access should be consulted, regardless of whether the source is in your company's immediate possession or control. All documents or other information, including records of all types of manufacturing, treatment, transportation or disposal operations, in the possession of your company and your company's parent corporations, affiliates, subsidiaries, divisions, experts or consultants should be consulted.
- 17. As used herein, the terms "hazardous waste", "disposal", and "storage" shall have the meanings set forth in Sections 1004(5), (3) and (33) of the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Section 6903(5), (3) and (33), and as set forth in the regulations promulgated pursuant to RCRA.
- 18. The term "Cinnaminson Township Ground Water Contamination Site" (the "site") means the area of contaminated groundwater in the vicinity of Route 130, Taylors Lane, Union Landing Road, and the Delaware River in the Townships of Delran and Cinnaminson, NJ outlined on the attached map, including the Cinnaminson Sanitary Landfill facility.
- 19. In responding to the attached questionnaire, indicate in each instance whether materials were stored or disposed of at the Cinnaminson Sanitary Landfill Facility or elsewhere (indicate specifically where).

Section A

General Information:

1. a. Please state the correct legal name of your company or business (referred to herein as "company" or "your company", or simply as "you"). Additionally, please state any other names by which your company has been known.

Name SKF USA Inc.

Address 1100 First Avenue, King of Prussia, PA 19406

b. Please state the name(s) and address(es) of the current owner(s) or indicate whether publicly held:

Name AB SKF

Address Gothenburg, Sweden

c. Please state the nature of your company's business, and briefly describe your operation.

Manufacture of bearings for the aerospace industry.

- d. Year operation started: approximately 1935
- e. EPA (or RCRA) Identification Number (if applicable): PAD 000 000 190
- f. Identify (list below) and provide copies of any permits, licenses, or other authorization held by yourself which enable and/or enabled you to handle hazardous waste and/or hazardous substances.

		Yes	Но
2.	Do you have any reason to believe		
	that any materials ever located at or		
	possessed by your company were ever		
	disposed at the Site?		X *
			
3.	Do you have any reason to believe that		
	any material of any type generated by your		
	company was ever disposed at the Site?		X*
	tompany was ever ansposed at the site;	· · · · · · · · · · · · · · · · · · ·	
4.	Has your company or any of its past or	*•	
	present employees ever disposed of, or		
	arranged for the disposal of any of the	groupis in made	-
	following materials at the Site:		
	a. any hazardous waste?		X
	b. any hazardous substance?		X
	c. any industrial waste material of any type?		<u> </u>
	d. any chemical waste of any type?		X
	e. any industrial byproducts?		$\frac{X}{X}$
	f. any paints, inks or highly colored liquids?		X
	g. any petroleum or petroleum products?	-	$\frac{X}{X}$
	h. any sludge of any type?	·	X
	i. any highly corrosive materials of any type?		X
	j. any highly volatile or flammable material?		X
	k. any material in tank trucks?	<u> </u>	<u> X</u>
	1. any material in drums or containers?		X
	m. any refinery company waste?		X
	n. any chemical company waste?	·	X
	o. any pharmaceutical company waste?		<u> X</u>
	p. any plating company waste?	-	X
	q. any marine dredge material?		X
	r. any sewage treatment plant sludge?		X
	s. any liquid waste?		X
	t. any domestic, institutional or office garbage?		X* =
	u. any industrial waste from another hauler?		X
	v. any asbestos?		X
	w. any material of any type?		X* \
	• • • •	*Non-haz	ardous refuse only
	If any of the guartiens in this section are answers	.a v	2

If any of the questions in this section are answered Yes, identify on Figure 1. the processes which were the source(s) of such materials, the year(s) during which such shipments occurred, the volumes of such materials, the specific chemicals involved, the location at which the material was deposited, and other information as requested.

1965-1978 Non-hazardous refuse only.

5.	Has your company or any of its past employees ever arranged for:	or present	
	a. disposal of any other hazardous what hazardous substance or any other waste material at the Site?		x
	b. transportation of any hazardous wastematerial to the Site? Non-hazardous	type of	X
6.	Estimate the total amount of waste me generated by your company which was of at the Site during the period extern 1960 through the present by fill the information requested below. Do include domestic or office garbage, vegetation or any household waste in estimates. If the answer for any of items is zero, write "none" on the left that the statement of the state		
	Liquid waste:	None	gals.
	Waste in solid form:	None	pounds.
	Sludge:	None	gals.
	Total No. of drums:	None	
	Total No. of Truckloads:	None	
	List the years your company disposed of waste material at the Site:	1965-1978 Non-haz	ardous refuse only

Section B

Waste Generation Information:

- 1. For each Question in Section A which was answered Yes provide the reason(s) for that answer on a separate sheet of paper. In that statement, provide the following information, as applicable:
 - a. Names of all the companies, businesses and/or individuals which you used to ship waste material to any portion of the Site;
 - b. A description of the waste material(s) involved, including specific types, total volumes and general characteristics which were shipped by your company to the Site. If available, include a copy of any chemical analysis that have been performed;
 - c. The dates (or years) such shipment(s) occurred;
 - d. Any other information needed to clarify the basis for answering Yes to the question.
- 2. List on Figure 1. ALL the companies, transporters, haulers, and any other establishments of any type which your company used to transport waste material to the Site or Cinnaminson Sanitary Landfill at any time since January 1, 1960.
- Note: Under columns A, B and C on Figure 1., characterize the quantity, container type(s) and waste type(s) shipped by each of the companies listed by using the codes provided in the attachment to Figure 1.
- Note: Do not list on Figure 1. any companies which shipped only domestic or office garbage, trash, vegetation or construction debris.
- 3. List on Figure 2. the names of employees (past or present) of your company who were (are) responsible for the arrangement of waste disposal at any time within the scope of their employment for your company.
- 4. Identify on Figure 3. all insurance carriers which issued liability insurance coverage for your company during each year extending from January 1960 to the present, indicating years of coverage by each.

5. At your option, provide on a separate sheet of paper any other information which you feel would clarify waste disposal practices at the Site by your company or any other industries or haulers which used the site for industrial or chemical waste disposal.

Figure 1.*

Haulers, Transporters Used To Transport Waste To The Site

Customer		Years Shipments	A	В -	C
Name	Address	Occurred	Amount(s)	Contain.	Waste Types
					•
SKF T	ruck	1965–1978	Trks.	A	Non-hazardous refuse only.

^{* =} See attached page for explanation and codes for Columns A, B and C

Codes for Use on Figure 1.

Use the following codes to describe the characteristics of the waste materials which were shipped to the Site.

Quantity Codes:

Drums = drums Tons = tons Trks. = truckloads
Mgals. = million gallons

Container Codes:

Use the following codes, as needed, to describe on Figure 1. the type of container(s) in which the waste material was transported to the Site.

D = waste was taken to the site in drums

T = waste was taken to the site in tank trucks

A = waste was taken to the site in open backed trucks

0 = other (describe)

Waste Description Codes:

Whenever possible, cite the specific chemical on Figure 1. When such detail is not known, use the following codes to describe the type(s) of waste material(s) which your company (or any of its employees) generated, and subsequently disposed of at the Site at any time since January 1, 1960:

L = liquid

S = solid

SL = sludge

LC = liquid chemical waste

SC = solid chemical waste

HC = highly colored waste

PA = paint wastes

IND = industrial process waste

ABB = asbestos or asbestos mixture(s)

OIL = oil, gasoline or other petroleum based waste

INK = ink waste

VOL = volatile or explosive waste

IGN = flammable or ignitible waste

VAP = waste giving off strong chemical vapors

VIS = viscous substances

TRA = tarlike substances

PCB = wastes containing PCB's

TOX = toxic waste

HAZ = hazardous waste

Figure 2.

Employees Responsible For Shipments to the Site

Name	Address	Phone Number
F. Reale	5400 Tulip Street Phila, PA 19124	533-5800
e de la companya de l		
M. Cassell	5400 Tulip Street Phila., PA19124	533-5800

Figure 3.

Liability Insurance Company

Year	Name	Address
	Q	
1960-1979	Liberty Mutual Ins. Co.	15 Kings Grant Drive Bala Cynwyd, PA 19004
		والمتراج والمتراج والمتراج المتراج الم
1980-Present	Traveler's Insurance Co.	1 Tower Square Hartford, CT 06115

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

Pennsylvania

STATE OF

COUNTY OF Montgomery	
I certify that the foregoing answers to the Information are true, complete, and accurat knowledge and belief, and that any document are complete and authentic to the best of m belief. I am aware that there are signific submitting false information, including the and imprisonment.	e to the best of my s submitted herewith y knowledge and ant penalties for
Allen G. Belenson	Secretary & General Counsel
PRINTED NAME OF PERSON SIGNING	TITLE
Alley Below	October 26, 1987
SIGNATURE OF PERSON SIGNING	DATE
SWORN TO BEFORE ME THIS 26th DAY OF October , 1987	· · · · · · · · · · · · · · · · · · ·
NOTARY PUBLIC KAREN T. STOUFFER, NOTARY PUBLIC UPPER MERION TWP., MONTGOMERY COUNTY MY COMMISSION EXPIRES MAY 14, 1990 Member, Pennsylvania Association of Notaries	